

**Make Checks Payable to:**  
The Badger State Mixed Tournament  
**Mail Entries & Fees to:**  
Joan Rennert, 1621 Wedgewood Drive, Racine, WI 53402  
(262) 930-2695

Bowlers ID And Complete

<b>Team Name:</b>		<b>Address Must Be Furnished</b>	
<input type="checkbox"/>	If first four names represent team lineup, indicate with (X) in box. <b>TEAM EVENT \$100.00 PER TEAM</b>	USBC ID Card Number	Local Assoc. Name Highest Avg.
1. Name			
Address			
City, State, Zip			
2. Name			
Address			
City, State, Zip			
3. Name			
Address			
City, State, Zip			
4. Name			
Address			
City, State, Zip			
If entered in Doubles Only - provide addresses and average scores above. Doubles partners must be submitted on same entry blank. DO NOT SPLIT.		Doubles \$50.00 per pair	All events \$5.00 per person (optional)
<b>DOUBLES EVENT \$50.00 PER PAIR</b>			
1			
2			
1			
2			

**TEAM CHOICE**

Date 1st \_\_\_\_\_ Date 2nd \_\_\_\_\_

Time 1st \_\_\_\_\_ Time 2nd \_\_\_\_\_

**DOUBLES CHOICE**

Date 1st \_\_\_\_\_ Date 2nd \_\_\_\_\_

Time 1st \_\_\_\_\_ Time 2nd \_\_\_\_\_

**AMOUNT RECEIVED**

Team \_\_\_\_\_

Doubles \_\_\_\_\_

All Events \_\_\_\_\_

Total \_\_\_\_\_

As captain, I hereby enter the above named team in the Badger State Mixed Tournament and agree to abide by all tournament and USBC rules.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Tel. \_\_\_\_\_

Email \_\_\_\_\_

Bowling Center \_\_\_\_\_

**ENTRY NO.** \_\_\_\_\_

**DATE** \_\_\_\_\_